MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10168

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda-rural X
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Princess Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oceana V-43 5
STREET ADDRESS (If rural give location) 103 Rob Lane ✓

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Twiford (Last) Armstrong

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 4, 1921
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Mashoes, North Carolina 30
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clyde P. Twiford
14. MOTHER'S MAIDEN NAME: Bethel Midgett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: Robert Clinton Armstrong, same as above #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1

Immediate cause (a) Myelogenous Leukemia — Interval Between Onset And Death 1 yr.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.21, 1953, to Oct., 11, 1953, that I last saw the deceased alive on Oct., 11, 1953, and that death occurred at 1:35PM, from the causes and on the date stated above.

SIGNATURE J. R. Shanahan (Degree or title) ADDRESS DATE SIGNED
J. R. SHANAHAN, LT, MC, USN, U.S. Naval Hospital, Bethesda, Montgomery, Maryland Oct.12,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal
DATE THEREOF October 12, 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Elizabeth City, North Carolina

DATE REC'D BY LOCAL REGISTRAR October 12, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10169

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 49 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brook Grove Farm Home
STREET ADDRESS (If rural, give location) Sandy Spring Box 195

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Wheeler (Last) Barker
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/16/66
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C 48
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Barker
14. MOTHER'S MAIDEN NAME: Maria Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Charles Barker 3333 M. St., S.E., D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0 **Immediate cause** (a) Shock - due to fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of hip — 3 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY: Home — (CITY OR TOWN): Sandy Spring — (COUNTY): Montg — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 10-12-53 11 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell from bed to floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bronhard — (Degree or title): M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 10-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 17-1953 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cem — LOCATION (City, town, or county): Wash D.C. — (State): 1756 Pa Ave

DATE REC'D BY LOCAL REG.: Oct. 15-1953 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: Joseph L. Sanders Sons — ADDRESS: Wash D.C.

RECEIVED
OCT 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 10170

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X
LENGTH OF STAY (in this place): since 1937
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7505 Clarendon Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda X
STREET ADDRESS (If rural give location): 7505 Clarendon Road

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) E. (Last) BARNARD

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Dec. 30, 1881	71 yrs.	9	9		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Plasterer-Self	Frostburg, Maryland	USA

13. FATHER'S NAME: James G. Barnard

14. MOTHER'S MAIDEN NAME: Mary Easter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Grace R. Barnard - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Repeated over 18 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis generalized — Interval Between Onset And Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 19 52, to Oct. 9, 19 53, that I last saw the deceased alive on Oct 8, 19 53, and that death occurred at 12.50 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred S. Norton	M.D.	4711 Highland Ave. Beth. Md.	10/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/12/1953	Ft. Lincoln	Prince Geo. Co. Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/53	Bessie M. Thompson	Robert L. Humphreys	Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10171

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 708 Phila Ave., Takoma Park, Montgomery COUNTY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 22

LENGTH OF STAY (in this place) 9 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY V-353

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael P. (Middle) Bazzuro (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/8/76

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Engineer machinist

11. BIRTHPLACE (State or foreign country): Washington D C 48

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Bazzuro

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mary B Reed 1204 Kingwood Drive Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 447x (a) Cardiac Failure — Interval Between Onset And Death: 5 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension — 10+yrs

DUE TO

(c) Arteriosclerosis — 20+yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952, to Oct 30, 1953, that I last saw the deceased alive on 10/30, 1953, and that death occurred at 10:00 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) E H Eschenbach, M.D. ADDRESS 1841 Col Rd, N.W. DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF Nov. 2, 1953

NAME OF CEMETERY OR CREMATORY St Mary's Cemetery

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 11-2-53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Frank G Teers Sons Co ADDRESS 3605-14 St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 5 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10172

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6423 Mac Arthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgmy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont. X
STREET ADDRESS (If rural give location) 6423 Mac Arthur Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Grace (Last) Beach

4. DATE OF DEATH: (Month) Oct. (Day) 5, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 10, 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H-wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey C. Shepherd
14. MOTHER'S MAIDEN NAME: Mary J. Pennifill.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Ernest Holcombe 6423 Mac Arthur Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 4 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct 5, 1953 that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 11:50 pm, from the causes and on the date stated above.

SIGNATURE Paul D Cantor (Degree or title) MD ADDRESS Bethesda Md DATE SIGNED 10-6-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 10/8/53 NAME OF CEMETERY ~~OR CREMATORY~~ Wash. National LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 10/7/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 3072-M-NW Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.

1

RECEIVED
OCT 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: Montgomery
COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington, Maryland
STREET ADDRESS (If rural give location) 3507 Lawrence Ave

3. NAME OF DECEASED: (Type or Print) (First) Jeanette (Middle) C. (Last) Bennett

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-31-1857
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Fredrick County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harm Hargett
14. MOTHER'S MAIDEN NAME: Jeanetta Hildebrand not known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Richard Bennett & Bill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.0

Immediate cause (a) Pulmonary Embolism with infarction right lower lobe — Interval Between Onset And Death 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Obstruction of ileum from inguinal hernia — weeks

DUE TO

(c) and Ferrumonia

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis of Colon & ileum — yrs

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1953 to 10-31, 1953, that I last saw the deceased alive on 10-31, 1953, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE De Vre K. Meade (Degree or title) M.D. ADDRESS Takoma Park 12, Md DATE SIGNED Nov 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-4-53
NAME OF CEMETERY OR CREMATORY Neelsville
LOCATION (City, town, or county) (State) Neelsville, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 2nd 1953
REGISTRAR'S SIGNATURE J. Helen Dodd
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 175

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural Clarksburg md — LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) E (Last) BLOOD Jr.

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 31 1946

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): non

10b. KIND OF BUSINESS OR INDUSTRY: non

11. BIRTHPLACE (State or foreign country): Chicago Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank E. Blood

14. MOTHER'S MAIDEN NAME: Darthy M. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Frank E. Blood

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Wilms Tumor with metastases to Rt lung — Interval Between Onset And Death: 3½ yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/10/50

19b. MAJOR FINDINGS OF OPERATION: Wilms Tumor also - Metastasis excised Jan 1952

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1947, to 10/28, 1953, that I last saw the deceased alive on 9/29, 1953, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD — ADDRESS Sandy Spring Md — DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 30 1953 — NAME OF CEMETERY OR CREMATORY: St Johns Olney Md — LOCATION (City, town, or county): Montgomery Co Md — (State)

DATE REC'D BY LOCAL REGISTRAR: Oct 29 1953 — REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Laytonsville Md

NOV 2 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10175

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: TAKOMA PARK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
STREET ADDRESS (If rural, give location): 705 - GIST AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EDITH (Last) BURRELL

4. DATE OF DEATH: (Month) OCT (Day) 22 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): NEVER MARRIED

8. DATE OF BIRTH: FEB 25, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASH. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Burrell

14. MOTHER'S MAIDEN NAME: Fannie (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) y (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Omer W Haley - Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Cardiovascular Accident — Interval Between Onset and Death: 4 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last
(b) Previous CVA's last → 2 weeks
DUE TO
(c) arteriosclerotic hypertensive heart disease years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1950, to 22 Oct ..., 1953 that I last saw the deceased alive on 20 Oct ..., 1953, and that death occurred at 4.53 P ...m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE), ADDRESS: Richard B Castell, Mayflower Hotel, Wash. D.C. — DATE SIGNED: 22 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 24 1953 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REG.: Oct. 22-1953 — REGISTRAR'S SIGNATURE: E Thomas Dodd

24. FUNERAL DIRECTOR — ADDRESS: J. Wm Lee Sons Co. Wash, D.C.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): [illegible]
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] COUNTY: [illegible]
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
   STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) Oct. (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible] | 6. COLOR OR RACE: [illegible] | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] | 8. DATE OF BIRTH: Dec 16 [illegible] | 9. AGE last birthday: 72 yrs. | If under 1 year: Months 10, Days 15 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Matthew [illegible]
14. MOTHER'S MAIDEN NAME: Ellen Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. [illegible] Bethesda [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis with	12 yrs.
	(c) cardiac decompensation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] | 19b. MAJOR FINDINGS OF OPERATION: [illegible] | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible] | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): [illegible] | (CITY OR TOWN): [illegible] | (COUNTY): [illegible] | (STATE): [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: [illegible] | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Oct 26, 19[illegible], that I last saw the deceased alive on Oct 23, 19[illegible], and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Philip H. Varner M.D. ADDRESS: [illegible] DATE SIGNED: 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF: 10-28-'53 | NAME OF CEMETERY OR CREMATORY: Annunciation Cem. | LOCATION (City, town, or county) (State): Elma, New York

DATE REC'D BY LOCAL REG.: 10/26/53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Robert A. Kemp[illegible] | ADDRESS: Bethesda, Md.

VS. A11

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Watkins Mill Rd ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) Watkins Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Chase
4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE Col-
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY farm help
11. BIRTHPLACE (State or foreign country) Monty Co - Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Chase
14. MOTHER'S MAIDEN NAME Matilda Warfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Martha Frazier - Gaithg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead along Rd near home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of previous attacks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/23/53 NAME OF CEMETERY OR CREMATORY Brookgrove LOCATION (City, town, or county) Gaithersburg Md (State)

DATE REC'D BY LOCAL REG. Oct. 22/53 REGISTRAR'S SIGNATURE Alfred G. Goode
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1803 Alcon Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 424 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Duval (Last) Coffman

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 4 1869	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gardener	Truck Gardening	Warren Co. Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel E. Coffman	Aliza Alger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Lillian Rolls, Silver Spring, Md. 1803 Alcon Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
012.0 Immediate cause	(a) Myocardial insufficiency,	Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Anemia, hypochromic, Severe	5 weeks
	DUE TO (c) Psoas Abscess	2 mo. +
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	(1) Inanition	8 mo.
	(2) Generalized arteriosclerosis	Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4-12, 1953, to 10-26, 1953, that I last saw the deceased alive on 10-16, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Walter N. Mook M.D.	7701 Carroll Ave. Takoma Pk Md	10-26-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-53	Rose Hill Cem.	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-26-53	Frances Potter	H.K. Coffman	Hagerstown Md.

RECEIVED
OCT
IREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
STREET ADDRESS (If rural give location) 9804 Dameron Dr.

3. NAME OF DECEASED: (Type or Print) (First) Rosella (Middle) Mary (Last) Cole
4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-21-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Watts
14. MOTHER'S MAIDEN NAME: Catherine V. Lusby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son Mr Fred Cole - Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Broncho Pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis — 19 days

DUE TO

(c) Arteriosclerotic Heart Disease — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1951, to 10/12, 1953, that I last saw the deceased alive on 10/12, 1953, and that death occurred at 8 55 P.M., from the causes and on the date stated above.

SIGNATURE J Marion Bamberger (Degree or title) M.D. ADDRESS 9241 Col. Blvd - Silver Spring Md DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 15, 1953
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Oct 16 1953
REGISTRAR'S SIGNATURE J. Wilson [illegible]
24. FUNERAL DIRECTOR J. Wm Lee Sons. ADDRESS Co. Washington D.C. 300 - 4th St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Mont MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chev. Chase X
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4709 Morgan Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chev. Chase X
STREET ADDRESS (If rural, give location) 4709 Morgan Dr

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Padon (Last) Crawford
4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 23 1872
9. AGE last birthday: 81 - ~~5-17~~ yrs. IF UNDER 1 YEAR: Months 5 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Customs Law
11. BIRTHPLACE (State or foreign country): ~~Orthodox~~ Livingston Cty Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Willis Crawford
14. MOTHER'S MAIDEN NAME: Elizabeth Frazier PADON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Jane E Crawford 4709 Morgan Dr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 2040

Immediate cause (a) Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 11 15 a.m., from the causes and on the date stated above.

SIGNATURE Robert D Harell M.D. (DEGREE OR TITLE) ADDRESS 5516 Nebraska Ave DATE SIGNED 10-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/13/53
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 10/12/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Lee S H Hines Co ADDRESS 901-14 [illegible] Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
OC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 4115

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus (Rural) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus (Rural) X
STREET ADDRESS (If rural give location) R.F.D.# 27

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) H. (Last) CREAMER

4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. 5, 1873

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months 8 Days 10 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Farmer (Owner)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Reuben Creamer

14. MOTHER'S MAIDEN NAME: Clara ?

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Amy F. Creamer-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 7 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic cardiovascular disease — 15 years.

DUE TO

(c) Chronic bronchitis — 15 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1, 1953, to October 15, 1953, that I last saw the deceased alive on October 14, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Kerr M.D. — ADDRESS Damascus, Md. — DATE SIGNED 10/15/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-18-53 — NAME OF CEMETERY OR CREMATORY Potomac Church Cem. — LOCATION (City, town, or county) (State) Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-15-53 — REGISTRAR'S SIGNATURE Della N. Burditt

24. FUNERAL DIRECTOR Robert G. Dumphrey — ADDRESS Bethesda, Md.

BUREAU V. S.

OCT 19

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND | LENGTH OF STAY (In this place) 1 wk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8413 Piney Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia | COUNTY Fauquier
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catlett
STREET ADDRESS (If rural, give location) Box 21

3. NAME OF DECEASED (Type or Print): (First) Fisher (Middle) Henry Crittenden (Last)

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 5-20-1879

9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (own business)

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Crittenden

14. MOTHER'S MAIDEN NAME: Susan Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 224-16-6388

17. INFORMANT AND ADDRESS: Elz Theein (daughter) 8413 Piney Br. Rd Takoma Pk, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420,1 Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. | ADDRESS: Hurlburg Md | DATE SIGNED: 10-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 27, 1953 | NAME OF CEMETERY OR CREMATORY: Catlett Cemetery | LOCATION (City, town, or county) (State): Catlett, Virginia

DATE REC'D BY LOCAL REG.: 10-26-53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Warner E. Pumphrey | ADDRESS: Silver Spring, Md.

REC'D
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 1 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San + Hosp. 32

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural give location) 12212 Center Hill St.

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Louise. (Last) Davenport

4. DATE OF DEATH: (Month) Oct (Day) 17. (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Single	February 4th 1953	0 yrs.	8	13		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Maryland	U.S.A.

13. FATHER'S NAME: Oliver L. Davenport

14. MOTHER'S MAIDEN NAME: Virginia C. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
If No	—	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3
Immediate cause (a) ~~Pneumonia~~ Cardiac dilation — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pericardial effusion pulmonary congestion

DUE TO

(c) acute undetermined infection

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 30 7:25 53, 19.., to 7 25 10-17-53, 19.., that I last saw the deceased alive on 10-17 .., 19 53, and that death occurred at 7:25 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ruth Mansford M.D.		Wash San + Hospital	10-17-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 20, 1953	Arlington National Cemetery	Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 19 1953	[signature]	J. Arthur Walters	254 Carroll St. NW Takoma Park D.C.

2023283456

VS: A5

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Mont. Cnty. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6721 Strathmore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont. Cnty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 6721 Strathmore St.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) JANE (Last) DEAN
4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	11-10-1361	91 yrs.	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C. 46
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ? Goodrich
14. MOTHER'S MAIDEN NAME: ? Hurdle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ethel Alderson- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral hemorrhage	24 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive cardiovascular disease	7 yr.
	(c) marked generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to 10/13, 19 53, that I last saw the deceased alive on 10/12, 19 53, and that death occurred at 5 15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I. L. Marks	M.D.	6306 Wisconsin Ave Chevy Chase Md	10/13/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-15-53	Ft. Lincoln	Prince George Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/14/53	Bessie M Thompson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 223

V-4

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 7029 Georgia Avenue, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Gessford (Last) Diamond

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 3/12/58

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Guide at Bureau of Engraving and Printing - retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Shepperson

14. MOTHER'S MAIDEN NAME: Catherine Euback

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. James W. Gessford, Sr., 10305 Crestmoor Dr Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1953, to Oct 21, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 11:20 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) John A. Andrews M.D. ADDRESS 961 Colesville Rd Silver Spring Md DATE SIGNED Oct 21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/23/53

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 26th 1953

REGISTRAR'S SIGNATURE J. Arthur Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 74 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Crest Haven Dr.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Gertrude (Last) Dodson
4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-17-09
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Columbus Hawse
14. MOTHER'S MAIDEN NAME: Elizabeth Gertrude Burdette

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Old record - Wash. Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Hemorrhage — Interval Between Onset And Death: Terminal

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Uterine Cervix — 8 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 4-8-53
19b. MAJOR FINDINGS OF OPERATION: Biopsy - Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1953, to 10/30, 1953, that I last saw the deceased alive on 10/30, 1953, and that death occurred at 2:55 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul V. Starr MD by Robert A Harelund - Associate
ADDRESS Takoma Park, Md.
DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/2/53
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 1-1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda

LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville

STREET ADDRESS (If rural give location) 406 First St.

3. NAME OF DECEASED: (Type or Print) (First) Dollie (Middle) (Last) Dodson

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	Nov. 3, 1904	48 yrs.	11	14		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
-	-	Maryland	U.S.A.

13. FATHER'S NAME: James Hilderbrand

14. MOTHER'S MAIDEN NAME: Etta Brubaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	-	None -	Medical record -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194 X

Immediate cause (a) Laryngeal edema and stenosis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of thyroid gland with local extension into hypopharynx and with metastases to liver and lymph nodes

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 30, 1953	Biopsy, lymph node, right neck. Infiltrating mass.	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-	-	-

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
-			m.		-

22. I hereby certify that I attended the deceased from Sept. 28, 1953, to Oct. 16, 1953, that I last saw the deceased alive on Oct. 16 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Horace W. Burrston	M.D.	Nat. Inst. Health, Bethesda, Md.	Oct. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/1953	Monocacy	Beallsville Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/53	Irene M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

none

BUREAU V. S
OCT 55
Beall ville Maryland

Film #G-158 Item #7 #2 10/9/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND LENGTH OF STAY (in this place) D.C.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road (rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, Md.; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) Lee (Last) Dove

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan 12 1905

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Rio West Va.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Abel J. Dove

14. MOTHER'S MAIDEN NAME: Martha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216 22 0364

17. INFORMANT AND ADDRESS: Marvin R Dove Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bouchart m.d. ADDRESS Gaithersburg md DATE SIGNED 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 4/53 NAME OF CEMETERY OR CREMATORY St Luke's LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG. 10-5-53 REGISTRAR'S SIGNATURE Helen S. Eckenrode

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Poolesville Md

aj.

RECEIVED
OCT 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Tilghman (Middle) Edw. (Last) Dove

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Feb. 19 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Dove

14. MOTHER'S MAIDEN NAME: Cora Sadie Hendleman (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Cora A. Dove,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Peripheral Gangreene — 2 wks.

DUE TO

(c) Cardiorenal Arteriosclerosis — uncertain

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 2 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1953 to Oct 15, 1953, that I last saw the deceased alive on Oct 13 1953, and that death occurred at 6:10 A M from the causes and on the date stated above.

SIGNATURE Webster Sewell (Degree or title) M.D. ADDRESS Silver Spring DATE SIGNED 10-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 10/19/53 — NAME OF CEMETERY OR CREMATORY Rose Cemetery — LOCATION (City, town or county) Scotland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-53 — REGISTRAR'S SIGNATURE Helen S. Eckenrode

24. FUNERAL DIRECTOR R. F. Snowden — ADDRESS Rockville, Md.

aj.

VS. A15

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10191 217

CERTIFICATE OF DEATH

Reg. Dist. No. 21 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Montg — STATE: MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney X

LENGTH OF STAY (in this place): 5 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montg.Co, General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gaithersburg X

STREET ADDRESS (If rural give location): 13 Brooks Ave Md,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Arthur	Webster	Ewell	Oct	24	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Mar 17. 1888	65 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Minister	Methodist Church.	Crisfield Md,	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Althens Ewell	Mary Grace Kidd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mary Lynch Ewell. Gaithersburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Hodgkin's Disease — Interval Between Onset And Death: 1½ years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May ..., 1952, to Oct. 24 ..., 1953, that I last saw the deceased alive on Oct. 23, 1953, and that death occurred at 1:47 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Gaithersburg, Md.	Oct 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-27-53	Westminister Cemetery	Westminister. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 26, 1953	Rhoda G. Cook	Ernest C. Gartner.	Gaithersburg Md

10-28-53 Gertrude B Lawler

RECEIVED
NOV 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 "19"

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10133 Dallas Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Lee (Last) Fellabaum

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 19 53.

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-2-92

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Parr

14. MOTHER'S MAIDEN NAME: Rosa Lee Campbell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. George H. Fellabaum 10133 Dallas Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) Cardiac failure - Arteriosclerotic Heart Disease — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Acute Cholecystitis & Cholelithiasis — 4 days.

DUE TO (c) Acute Pancreatitis — 4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 21, 1953

19b. MAJOR FINDINGS OF OPERATION: Acute Cholecystitis & Cholelithiasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1953 to Oct 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 11:35 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr M.D. — ADDRESS Takoma Park Md. — DATE SIGNED Oct. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 27 1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem — LOCATION (City, Town, or county) Prince Geo. Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 24 1953 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Neal Funeral Home — ADDRESS 4812 Ga. Ave. N.W. Washington, D.C.

RECEIVED
OCT 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10193 217

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney, Maryland. X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City 12X-?
STREET ADDRESS (If rural give location) Daughorgan Manor ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hamilton (Last) Forrest

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 2, 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dairy Herdsman
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): Scotland ✓
12. CITIZEN OF WHAT COUNTRY? SCOTLAND

13. FATHER'S NAME: James Forrest
14. MOTHER'S MAIDEN NAME: Susan Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 213-34-5154
17. INFORMANT & ADDRESS: Jean Stirling Forrest Daughorgan Manor, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 162X

Immediate cause (a) Cachexia — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma right lung — 4 months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1953, to 10/16, 1953 that I last saw the deceased alive on 10/16, 1953 and that death occurred at 11:30 AM from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/29/53
NAME OF CEMETERY OR CREMATORY St. Johns Cem.
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 10/27/53 10-29-53
REGISTRAR'S SIGNATURE John B. Loughran Pres. B.E. Ld Gertrude B Lawler
24. FUNERAL DIRECTOR Easton Sons Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 4 19[illegible]
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10291

MARGIN RESERVED FOR BINDING

"PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SILVER SPRING X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11149 VIERS MILL ROAD X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING X
STREET ADDRESS (If rural, give location) 11149 VIERS MILL RD.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MAY (Last) FOUSEK

4. DATE OF DEATH: (Month) OCTOBER (Day) 2 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 14 1883

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: WILLIAM BINGLE

14. MOTHER'S MAIDEN NAME: UNKNOWN HOUK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. FRANCES FOUSEK NICHOLS DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 157X

Immediate cause (a) CARCINOMA OF PANCREAS 2 METASTASES TO LIVER. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-18-53

19b. MAJOR FINDINGS OF OPERATION: INOPERABLE CARCINOMA OF PANCREAS

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 AUG., 1953, to 2 OCT., 1953, that I last saw the deceased alive on 2 OCT., 1953, and that death occurred at 3 1/2 p.m., from the causes and on the date stated above.

SIGNATURE W. L. Hall (DEGREE OR TITLE) MD ADDRESS Rockville Md. DATE SIGNED 10/2/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF Oct. 5 1953 — NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY — LOCATION (City, town, or county) CLEVELAND (State) OHIO

DATE REC'D BY LOCAL REG. Oct. 5, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR CHEVY CHASE FUNERAL HOME ADDRESS

RECEIVED
OCT 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 16 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4228 Fessenden St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) Lisbon (Last) GARRISON
4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 1, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nelson Garrison
14. MOTHER'S MAIDEN NAME: Ann E. Colbert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John M. Quirk — 4228 Fessenden N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442 X

Immediate cause (a) Intracerebral Hemorrhage — 15 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular-Renal Disease — 5 yrs.

DUE TO

(c) With Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1953, to Oct. 31, 1953, that I last saw the deceased alive on Oct. 31, 1953, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney C. Cousins M.D. 3921 Ingomar St. N.W. Wash. D.C. 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/3/53
NAME OF CEMETERY OR CREMATORY: Prospect Hill
LOCATION (City, town, or county): Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR: 11/2/53
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Chevy Chase Funeral Home
ADDRESS: 5101 Wise Av. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 2716

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CHEVY CHASE X
LENGTH OF STAY (in this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
~~8038 GLENDALE RD~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE X
STREET ADDRESS (If rural give location) 8038 GLENDALE RD

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) R. (Last) GRANT

4. DATE OF DEATH: (Month) OCT 25 (Day) (Year) 1953 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 2/7/61

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS/OR INDUSTRY: CLERK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: PATRICK GRANT

14. MOTHER'S MAIDEN NAME: ANN HOUTH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-18-8707

17. INFORMANT & ADDRESS: LEON M. GRANT - 8038 GLENDALE RD CHEVY CHASE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — years.

DUE TO (c) Diabetes mellitus. — 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to OCT 24 1953, that I last saw the deceased alive on OCT 24 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE C P Ryland M.D. (Degree or title) C. P. RYLAND, M.D. ADDRESS 4400 - 49th St., N. W. Washington, D. C. DATE SIGNED OCT 25 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/27/53 NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 10/26/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Washington D.C.

RECEIVED
OCT
REAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Laurel and Buchanan Co N C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel R.F.D. 1 Mg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Green
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1921
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOGGING CAMP
10b. KIND OF BUSINESS OR INDUSTRY LUMBER
11. BIRTHPLACE (State or foreign country) Guilford Co N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War 2
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS E. W. Lewis North Colima

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.3 Immediate cause (a) Cerebral hemorrhage due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull

(c)

INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods
(CITY OR TOWN) Spencerville (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 20-53 1 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Log rolled of truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M. D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 10-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 23 1953
NAME OF CEMETERY OR CREMATORY Buchanan
LOCATION (City, town, or county) (State) Guilford Co North Colima
DATE REC'D BY LOCAL REG. 10-21-53
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Washington, D.C. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 213 Fifth St., S.E.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Elizabeth R. (Last) Tiboni *
Mrs. Elizabeth R. Griffith

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married, * Widowed	July 14, 1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not available
14. MOTHER'S MAIDEN NAME: Not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Medical record (The Clinical Center)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause — (a) Uremia — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hydronephrosis and bilateral ureteral obstruction

DUE TO

(c) Carcinoma of cervix

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -2
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): -
(CITY OR TOWN): - (COUNTY): - (STATE): -

TIME OF INJURY (Month) - (Day) - (Year) - (Hour) - m. -
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Sept. 30, 1953, to Oct. 12, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 3:19 p.m., from the causes and on the date stated above.

SIGNATURE: Stuart M. Sessoms — (Degree or title): M. D. — ADDRESS: Clinical Center N.I.H. Bethesda, Md. — DATE SIGNED: October 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/16/53
NAME OF CEMETERY OR CREMATORY: Arlington Nat.
LOCATION (City, town, or county) (State): Ft. Myer Va.

DATE REC'D BY LOCAL REGISTRAR: 10/14/53
REGISTRAR'S SIGNATURE: Beasie M. Thompson
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co. 3072-M-NW.

*Note: The patient registered on admission as Mrs. Elizabeth Tiboni and stated that she was married. Since admission and prior to death both her son and Mr. Tiboni state that she was not married to Mr. Tiboni; that her correct name is Griffith (former marriage).

OCT
BUREAU V. S.

Film#G159 Item #11,12,13,14 11/2/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Maryland
STREET ADDRESS (If rural, give location) Woodholme Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence H (Middle) Grinsfelder (Last)

4. DATE OF DEATH (Month) October (Day) 16 (Year) 1953

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington, Ill
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Meyer Heldman
14. MOTHER'S MAIDEN NAME Heildelbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Chestnut Lodge.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334X	Immediate cause	(a) Hypostatic Pneumonia	2 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	14 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953, to Oct 16, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Dexter M Bullard (Degree or title) MD ADDRESS Rockville MD DATE SIGNED

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) TRANSIT
DATE THEREOF 10-16-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 10-16-53
REGISTRAR'S SIGNATURE Adm. C. Eckenfelder
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6800 Meadow Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 6800 Meadow Lane

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Harkin
4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7/27/1860
9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR: Months 2 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Bookkeeper
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Catherine ??

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. W.E.Mullan- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ,1950, to Oct 22, 1953., that I last saw the deceased alive on Oct 22, 1953., and that death occurred at 7.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William T. Saccardi M.D.
ADDRESS: 1150 Conn. Ave.
DATE SIGNED: 10/22/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/26/1953
NAME OF CEMETERY OR CREMATORY: St. John's
LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/23/53
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 813 North Capital

3. NAME OF DECEASED: (Type or Print) (First) Emanuel (Middle) (NMN) (Last) Harsanyi

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-30-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Harsanyi
14. MOTHER'S MAIDEN NAME: Johanne Rosenfelt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS (wife) Wash., D.C. Mrs. Gussie Harsanyi - 813 N. Capital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X Immediate cause (a) Azotemia — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic renal disease — long duration

DUE TO

(26X) (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus Congestive Heart failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1953, to Oct 24, 1953, that I last saw the deceased alive on Oct. 24, 1953, and that death occurred at 9 45/pm, from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson, M.D. (Degree or title) 7896 Georgia Ave. Silver Spring, Md. ADDRESS DATE SIGNED 10/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/26-53 NAME OF CEMETERY OR CREMATORY Geo Wash Mem Cem LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR Oct 25 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd 24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1903
BUREAU V. S.

Film#G159 Item# 2 11/10/53 cmp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg Md Baltimore
STREET ADDRESS (If rural give location) Asbury Methodist Home 2531 W. North Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Caroline (Last) Hayes

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov-17-1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathaniel Hayes
14. MOTHER'S MAIDEN NAME: Winfield A. Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Fron — deceased

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Acute heart failure — Interval Between Onset And Death: 15 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of lift lung — 3 months

DUE TO (c) " " " breast — 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 10/11/53 broke left ankle

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION 2/25/53 had cataracts removed from right eye
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June-1-1951, to Oct-27-1953, that I last saw the deceased alive on Oct-26-1953, and that death occurred at 3 14 AM, from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS 7 Brooks Ave. Gaithersburg Md. DATE SIGNED 10-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/29/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 27, 1953
REGISTRAR'S SIGNATURE Alserda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner
ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 22-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK. MD.
LENGTH OF STAY (in this place) 7 days 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 311 Timberwood Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Elizabeth	Nancy	Hayhurst	10	27	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Fe	white	widow	5-23-68	85 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Homemaker		West Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Everson	Almeda Nutter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Mrs. Andrew C. Kriska - 311 Timberwood Ave - S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

340.2
Immediate cause (a) Meningitis, bacterial — 8 days
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/20, 1953, to 10/27, 1953, that I last saw the deceased alive on 10/26, 1953, and that death occurred at 7:30 am 10/27, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. Shibadeau, M.D.	10114 Colesville Rd. Silver Spring, Md.	10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1953	Mount Zion Cemetery	Clarksburg, West Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 27-1953	[signature]	J. Arthur Walters,	254 Carroll St. N.W. Takoma Park. D.C.

OCT
BUREAU V. S.

Film No. G-159 Item No. 13,14 10/22/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8515 Barron St.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8515 Barron St

3. NAME OF DECEASED (Type or Print) (First) SAM (Middle) (Last) HERSH

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/22/1886
9. AGE last birthday 67.2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Painting Contract
11. BIRTHPLACE (State or foreign country) Roumania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Hersh
14. MOTHER'S MAIDEN NAME Rebecca unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dave Hersh 5205 Ch. Ch. Pkwy. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
193	Immediate cause	(a) Malignancy, Generalized	2 Months
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) INTRACRANEAL TUMOR	—
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1953, to 10-13, 1953, that I last saw the deceased alive on 10-12, 1953 and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE S. A. Hillman (Degree or title) M.D. ADDRESS 249 Missouri Ave N.W. Wash DC 10/13/53 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/15/53
NAME OF CEMETERY OR CREMATORY Mt. Hebron Cem.
LOCATION (City, town, or county) (State) N.Y. City

DATE REC'D BY LOCAL REG. 10-14-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217-9th St NW D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ✓
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural give location): 3850 Tuclay Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) (None) (Last) Hill

4. DATE OF DEATH: (Month) October (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 4, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 4 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): County Cavan, Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh Hill
14. MOTHER'S MAIDEN NAME: Margaret Cusick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) Sp.Am., WWI
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 45 45th. Street, N.W., Son: Owen H. Hill: Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 442X (a) Congestive heart failure — Interval Between Onset And Death: 60 hours

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular-renal disease. — several years

DUE TO (c) (260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, simple, comminuted, intertrochanteric, right femur. Diabetes mellitus — 4 days, 8 hrs. several years.

19a. DATE OF OPERATION: 17 Oct. 1953
19b. MAJOR FINDINGS OF OPERATION: Fracture, comminuted, intertrochanteric, right femur
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953, to Oct. 19, 1953, that I last saw the deceased alive on Oct. 19, 1953, and that death occurred at 11:45 PM, from the causes and on the date stated above.

SIGNATURE: A. W. Dunn, USN, U.S. Navy (Degree or title) — ADDRESS: Hospital, NNMC, Bethesda, Maryland. — DATE SIGNED: October 20, 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: October 22, 19[illegible] — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: October [illegible] 19[illegible] — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. Pumphrey, Funeral Home, Ave., Bethesda, Maryland. — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT
BUREAU V. S.

10206

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 1½ hrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS 8713 Gilbert Place - Apt 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. | COUNTY V | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington | STREET ADDRESS (If rural, give location) 913 Decatur St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Hopkins

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 1902

9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tenn

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Hopkins

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Emma Hopkins 913 Decatur St NW Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) death

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Brosehart M.D. Gaithersburg md 10-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10 29 53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W. ERNEST JARVIS Co. | ADDRESS 1432 You St. N.W.

178

VS. A15A

RECEIVED
OCT 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg.
STREET ADDRESS (If rural give location) Route #2.

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) VIRGINIA (Last) HUNTRESS

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-20-92.
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? America.

13. FATHER'S NAME: Samuel S. Hoover
14. MOTHER'S MAIDEN NAME: Katherine Seitz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Extensive Carcinoma uterus involving entire pelvis and obstructing ureters.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) Terminal Uremia

Interval Between Onset And Death: 18 mos. 4 Days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to Liver

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1953, to 10-12, 1953, that I last saw the deceased alive on 10-12, 1953, and that death occurred at 5:37 Am, from the causes and on the date stated above.

SIGNATURE Kenneth Baughin (Degree or title) DAR. ADDRESS 934 Ellsworth Dr. Silver Spring DATE SIGNED 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 14-1953
NAME OF CEMETERY OR CREMATORY Fernwood Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Oct-12-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Martin W. Hyman & Bo Washington D.C.
ADDRESS 1300 N.S. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1920

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Brinklow; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Brinklow; STREET ADDRESS (If rural give location) Brighton

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Hopkins (Last) Janney

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 12, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gerard Hopkins

14. MOTHER'S MAIDEN NAME: Emily Snowden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S ADDRESS: Clara Hutton, Gloucester, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5x1.0

Immediate cause (a) Cirrhosis of liver — Interval Between Onset And Death: 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to 10/4, 1953., that I last saw the deceased alive on 10/4 1953., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D Sandy Spring, Md 10/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Oct 6, 1953 Woodside Cemetery Montgomery Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Oct 4-53 Gertrude B Lawson Robert A Humphreys Bethesda, Md

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) W (Last) Johnson
4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 13, 1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Mason
14. MOTHER'S MAIDEN NAME Harriett Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mildred Johnson Germantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Bronchart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-22-53
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) Germantown, Md. (State)

DATE REC'D BY LOCAL REG. Oct 22, 1953
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) Louisa (Last) Johnson

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 12, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Domestic Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wall

14. MOTHER'S MAIDEN NAME: Harriet King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Uraemia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Nephritis — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION: 10/7/53

19b. MAJOR FINDINGS OF OPERATION: Incarcerated Omental Umbilical Hernia

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/7/53, to 10/12/53 that I last saw the deceased alive on 10/11/53, and that death occurred at 4:50 a.m. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (Degree or title) ADDRESS Sandy Spg, Md DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 15 1953 — NAME OF CEMETERY OR CREMATORY Dairy Howard Co Md — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 10-14-53 — REGISTRAR'S SIGNATURE Gertrude B Gable

24. FUNERAL DIRECTOR [illegible] W Barber — ADDRESS Laytonsville Md

VS. A15

RECEIVED
OCT 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Box 92 - Norwood Rd.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Johnson
4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14, 1922
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Lomex
14. MOTHER'S MAIDEN NAME Estelle Pumphrey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
982X Immediate cause	(a) Massive collapse both lungs	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sub acute pericarditis due to	18 days
	(c) Stab wound in left chest	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6-53-10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabed in left chest by husband

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/29/53
NAME OF CEMETERY OR CREMATORY Allen Chapel
LOCATION (City, town, or county) Wheaton Monty (State) Md.

DATE REC'D BY LOCAL REG. 10/27/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

Item 18 Film G159 10-26-53 ams

10919

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7505 Carrell Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) — (Last) Kelly

4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-26-49
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Kelly
14. MOTHER'S MAIDEN NAME Annette Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to aspiration of stomach contents ?

9210 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Lab. findings neg.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death numerous contusions of head body and extremities

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes], accident], suicide], homicide], undetermined X.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-4-53

[illegible] CREMATION Burial DATE THEREOF Oct. 6, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Oct 4-1953 REGISTRAR'S SIGNATURE J. Nelson Dodd 24. FUNERAL DIRECTOR [illegible] ADDRESS 254 Carrell St NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 2810 Shipley Terrace, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Sidney (Middle) Method (Last) Kotulak
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-30-08
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shoe manager.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Kotulak Sr.
14. MOTHER'S MAIDEN NAME: Mary Surgant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause (a) Brain Stem Damage — Interval Between Onset And Death: 6 1/2 hrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Arrest — 2 minutes

DUE TO

(c) Ruptured Duodenal Stump — 16 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Necrotizing Pancreatitis

19a. DATE OF OPERATION: 10-12-53 10-19-53
19b. MAJOR FINDINGS OF OPERATION: Bleeding Duodenal Ulcer - Subtotal resection Ruptured Duodenal Stump - Acute Necrotizing Pancreatitis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-19, 1953, and that death occurred at 10 55 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas G. Edison M.D. ADDRESS 925 Pershing Dr Silver Spr. Md. DATE SIGNED 10-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE OF BURIAL Oct 23 1953 NAME OF CEMETERY OR CREMATORY Mt Olivet Cem LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Oct. 20 1953 REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Timmons Bros. ADDRESS 2007 Nicholas Ave. SE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joelliff Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs Md
STREET ADDRESS Md (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles R. Kraft
4. DATE OF DEATH (Month) (Day) (Year) 10/24/53 19
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 5-1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) None
12. CITIZEN OF WHAT COUNTRY? None
13. FATHER'S NAME John Kraft
14. MOTHER'S MAIDEN NAME Nick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Termini of Pulmonary Edema — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Arterio-sclerotic Heart disease — 7 yrs

(c) Osteo porosis of Spine — 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1951, to Oct. 24, 1953, that I last saw the deceased alive on 10/23, 1953, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE Francis L. Richardson (Degree or title) M.D. ADDRESS 7717 Arboretum Ave NW Washington DC DATE SIGNED 10/24/53

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL. — DATE THEREOF 10/24/53 — NAME OF CEMETERY OR CREMATORY Washington D.C. — LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 10-26-53 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. K. Huntemann & Son ADDRESS 5732 Georgia Ave N.W.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda - rural
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural give location) 12 Cycle Road

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) Kray
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U.S. Marine
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps
11. BIRTHPLACE (State or foreign country): Indian Head, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Henry Kray
14. MOTHER'S MAIDEN NAME: Dorothy Mary Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 3-52 to 10-53
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife: Julia Ann Kray, Bryans Road, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

204.1
Immediate cause (a) Leukemia, myelogenous, acute — 13 mo
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) —
DUE TO
(c) —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 19[illegible] to Oct. 25, 19[illegible], that I last saw the deceased alive on Oct. 24, 19[illegible], and that death occurred at 4:23 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible], LT (MC) USN, U.S. Naval Hospital, M.D., Bethesda, Md. [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible] Cemetery
LOCATION (City, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Neal Watkins
24. FUNERAL DIRECTOR ADDRESS [illegible]

NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 217

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolsville
STREET ADDRESS (If rural give location) Poolsville

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Leapley
4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8/29/1857
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Leapley
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: H. W. Spurrier, Poolsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Apophexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1953, to 10/4, 1953, that I last saw the deceased alive on 10/3, 1953 and that death occurred at 3:40 A.M., from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 10/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/6/53
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-7-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 13 1953
BUREAU V. S.

10217

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) V (Last) LECHIDER

4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 10 1873
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Valdemar
14. MOTHER'S MAIDEN NAME: Virginia Kemp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) n
16. SOCIAL SECURITY No.: n
17. INFORMANT & ADDRESS: Earl Lechider Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Intra-Cranial Hemorrhage — Interval Between Onset And Death: 4 days

DUE TO left

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Several years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1953, to Sept. 8, 1953, that I last saw the deceased alive on Sept. 7, 1953, and that death occurred at 12:35 pm., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Sept. 10 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct
NAME OF CEMETERY OR CREMATORY Rockonwell M
LOCATION (City, town, or county) Montgomery (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-10-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

Film #G159 Item No. 9 10/28/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md.
STREET ADDRESS (If rural give location) 5620 Grove St.

3. NAME OF DECEASED: (Type or Print) (First) Osis (Middle) Foote MacMillan (Last) Lewis.

4. DATE OF DEATH: (Month) Oct (Day) 23rd (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-18-1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph W. MacMillan

14. MOTHER'S MAIDEN NAME: Minerva Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Thomas J. Burton 4717 Drummond Ave Chevychase, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 11 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis and Hypertension — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 50, to Oct 23 ..., 19 53, that I last saw the deceased alive on Oct 23, 19 53, and that death occurred at 8.40 P.M., from the causes and on the date stated above.

SIGNATURE: Robert V. Mattingly (Degree or title) M.D. ADDRESS: 4707 Conn Ave N.W. Wash. 8, DC. DATE SIGNED: Oct. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-26-53 | NAME OF CEMETERY OR CREMATORY: Oak Hill | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 10/24/53 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Robert H. Tumbley ADDRESS: Bethesda, Md.

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Hospital and San

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1511 East West Highway

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) Hamilton (Last) Marsh

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-5-88

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bldg Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Montg. Co. Board of Education

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gallatan Marsh

14. MOTHER'S MAIDEN NAME: Willie Ann Leake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-01-9085

17. INFORMANT & ADDRESS: Mrs. Hettie Marsh - 1511 East West Highway Silver Spring, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X Immediate cause — (a) Glomerulo nephritis — Interval Between Onset And Death: 18 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Terminal uremia
DUE TO (c) Left Ventricular failure — Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1953, to 10-15, 1953, that I last saw the deceased alive on 10-15, 1953, and that death occurred at 1:35 Pm, from the causes and on the date stated above.

SIGNATURE Kenneth F. Lacy, Jr. M.D. (Degree or title) ADDRESS 934 Ellsworth Dr. Silver Spring, Md. DATE SIGNED 10-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/17/53
NAME OF CEMETERY OR CREMATORY National Mem. Park Cemetery
LOCATION (City, town, or county) Falls Church, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Oct 17 1953
REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

1-16-53 11:30 am telephone conversation

[illegible] by permission of Mr. Brubaker, coroner, [illegible] understand that Mr. Hughes will sign certificate later

Carol Robbins, asst. Med. Rec. Librarian
Cecelia Sewell, R.N., Sup. Hosp. II

BUFFALO V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Route 3 (Jobes town)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Violet	May	Martin	Oct	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Fe	Negro	Married	Dec 12, 1915?	38? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Martin
14. MOTHER'S MAIDEN NAME: Hattie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Marjorie Simmons (sister) 1006-26th St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Shock - abdominal hemorrhage due	
971X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to bullet wound in abdomen	10½ hrs
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Gaithersburg	Monty	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Sept	30	53	10 P m.		bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brochart M.D.		Gaithersburg Md	10-1-53

23. MAY CREMATION? (Yes or no)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/5/53	Tobey Lawn	Gaithersburg RFD #3	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/53	[illegible]	R. L. Snowden	Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSf A15A

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
STREET ADDRESS (If rural give location) 411 Walnut Street

3. NAME OF DECEASED: (Type or Print) (First) Daisey (Middle) Estelle (Last) Mason
4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6-21-80
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank A. Hickman
14. MOTHER'S MAIDEN NAME: Indianna Evans
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records - Washington San + Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma with extensive metastasis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 4 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1953, to 10-31, 1953, that I last saw the deceased alive on 10-31, 1953, and that death occurred at 12:04 Pm, from the causes and on the date stated above.
SIGNATURE Kenneth B. Laughlin (Degree or title) MD. ADDRESS 934 Ellsworth Dr. DATE SIGNED 10-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/31/1953
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Pocomoke City (State) MD
DATE REC'D BY LOCAL REGISTRAR Nov. 3-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: V-48.3
STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 41[illegible] First St. S.W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Massey

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	N	M	Aug. 26, 1905	48 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clean & Dye	Dry Cleaners	Charlotte, North Carolina	U.S.A.

13. FATHER'S NAME: Thomas Massey

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		-	Medical record - The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Mediastinitis and Bronchopneumonia — Interval Between Onset And Death: several weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of the esophagus with tracheo-esophageal fistula

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 29, 1953	Thoracotomy; inoperable ca. of esophagus spreading to trachea	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-	-	-

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.	-	-

22. I hereby certify that I attended the deceased from Sept. 19 53, to Oct. 20, 19 53, that I last saw the deceased alive on Oct. 20, 19 53, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. L. Fahey M.D.	Clinical Center, NIH, Bethesda	Oct. 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10-26-53		Washington	D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/53	Eugenia Thompson	H. S. Washington & Son	467 N. St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place): 4 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE New Mexico — COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Santa Fe

STREET ADDRESS (If rural give location): 411 Salazar Place

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Charlie	(Scott)	Masters	Oct. 30, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	M	Jan. 30, 1913	40 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	—	Texas	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jessie Scott	Jessie Rochelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	—	none	Medical record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Pulmonary atelectasis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Peritoneal and pleural effusion — DUE TO

(c) Carcinoma ovary (resected April 1953) wide spread extension — Interval Between Onset And Death: 18 mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrophic left kidney

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Oct. 30, 19 53, to Oct. 30, 19 53, that I last saw the deceased alive on Oct. 30 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert I. Dewitt M.D.	The Clinical Center, N.I.H.	Oct. 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	10-31-53	Sunset Memorial Park	Albuquerque, New Mexico

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/53	Bessie M. Humphrey	Robert A. Humphrey	Bethesda, Md.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~[illegible]~~

10543

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5919 Lemay Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 5919 Lemay Road

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) E. (Last) McCOY

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan. 29, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret.-Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming-Owner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Washington K. McCoy
14. MOTHER'S MAIDEN NAME: Martha Odenhall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Aubrey Brown - Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) DUE TO Myocardial failure — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arteriosclerosis — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1953, to Oct. 30, 1953, that I last saw the deceased alive on October 30, 1953, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 11/1/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-2-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.
DATE REC'D BY LOCAL REGISTRAR 11-30-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
BUREAU V. S.

Film#G159 Item#98 11/13/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10544

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda [illegible]
LENGTH OF STAY (in this place) [illegible] Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible] Street S.E.,

3. NAME OF DECEASED: (Type or Print) (First) Dudley (Middle) Vernon (Last) McElroy Jr.
4. DATE OF DEATH: (Month) October (Day) [illegible] (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 21, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 4 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Patuxent River, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dudley Vernon McElroy
14. MOTHER'S MAIDEN NAME: Vera Mae Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Dudley V. McElroy, [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X

Immediate cause (a) Hydrocephalus, congenital

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-20-53 6-3-53
19b. MAJOR FINDINGS OF OPERATION Congenital hydrocephalus
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1952, to Oct. 22, 1953, that I last saw the deceased alive on Oct. 22, 1953 and that death occurred at 7:40 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MC USNR, U.S. Naval Hospital, [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]-Burial
DATE THEREOF October 22 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Grand Junction, Colorado

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR [illegible] Funeral [illegible], [illegible] S.E., [illegible], D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

Film #G-158 Item No. 9 10/15/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase

STREET ADDRESS (If rural give location): 3503 Inverness

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Rebecca	H.	Michael	Oct. 1, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	May 2, 1888	65 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
pianist	Self Emp.	New York	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman Heiman	Amelia Heiman ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	yes-Unknown	Vera Clay Wiggins (daughter) 3503 Inverness Rd Chevy Chase, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
200.1		
Immediate cause	(a) Lymphosarcoma	5 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 30 19 53, to Oct. 1, 19 53, that I last saw the deceased alive on Oct. 1, 19 53, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Katharine A. Chapman	M.D.	3924 Baltimore St. Kensington, Md.	Oct. 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	10-2-53	Cedar Hill	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/3/53	Bessie M. Hampton	Robert A. Pumphrey	Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 11225

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda - rural
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural give location) 3221 Terrace Drive, S. E.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Maurice (Last) Mitchell, Jr.

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 10, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 07 Days 24 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Maurice Mitchell, Sr.

14. MOTHER'S MAIDEN NAME: Mildred Hagen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: James M. Mitchell Sr., same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cystic Fibrosis of Pancreas.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Oct 4, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature], USN, U.S. Naval Hospital, Bethesda, Maryland October 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Re[illegible] Burial — DATE THEREOF October 5, 1953 — NAME OF CEMETERY OR CREMATORY Ringoes Cemetery — LOCATION (City, town, or county) Ringoes, New Jersey (State)

DATE REC'D BY LOCAL REGISTRAR Oct[illegible] 4, 1953 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME, 7557 [illegible]sconsin Avenue, Bethesda, Maryland. — ADDRESS

VS. A[illegible]

2223242395

RECEIVED
OCT 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct a... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beth — LENGTH OF STAY (in this place) 2 days 1 h. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — STREET ADDRESS (If rural, give location) 9515 Kent Stone Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Allen	Moran	Oct.	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 23, 1901	51 yrs.	11	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Self-Emp. Construction	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dorsey Moran	Agnes May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes Wound 1918	Unknown	David D. Moran - 3312 8th NW Was'n D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416X **Immediate cause** (a) Chronic adhesive pancarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive Collapse of left lung

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Bethesda	Montgomery	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
10/15/53 12 midnight		Pt fell in bathroom & struck head

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Boorhaat	M.D.	Gaithersburg Md	10-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/19/1953	Parklawn	Rockville	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/53	[illegible]	Roberts A. Pumphrey	Bethesda, Md.

VS. A16A

OCT 22 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clagettsville (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Airy RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clagettsville (Rural)
STREET ADDRESS (If rural give location) Mt. Airy RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Jane (Last) Moxley

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 14, 1887

9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Burgee

14. MOTHER'S MAIDEN NAME: Eliza Jane Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph E. Moxley, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Cancer of colon — Interval Between Onset And Death: 1 year.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic cardiovascular disease — 10 years.

DUE TO

(c) Senile dementia. — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 6, 1953, to October 16 1953, that I last saw the deceased alive on October 14 1953, and that death occurred at 7:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Kerr M. D. ADDRESS Damascus, Md. DATE SIGNED 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 18, 1953

NAME OF CEMETERY OR CREMATORY Montgomery Methodist

LOCATION (City, town, or county) (State) Clagettsville, Md.

DATE REC'D BY LOCAL REGISTRAR 10/17/53

REGISTRAR'S SIGNATURE Della V. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15

REGISTERED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 19 Williams Lane

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Sprigg (Last) Naylor

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 19 53

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 28 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Public Teacher School

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Naylor

14. MOTHER'S MAIDEN NAME: Charlotte Templeman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Naylor 19 Williams Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Bronchial Pneumonia	3 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cerebral Hemorrhage.	11 days.
DUE TO		
	(c) Hypertensive Cardio Vascular Disease	20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. 30 yr ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 ~~19~~ , to 29 oct , 1953, that I last saw the deceased alive on 28 oct , 1953, and that death occurred at 11 00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John S. Ball M.D. 7936 Georgetown Rd Beth. Md 29 oct 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/2/53

NAME OF CEMETERY OR CREMATORY Columbia Garden

LOCATION (City, town, or county) (State) Arlington, Va

DATE REC'D BY LOCAL REGISTRAR 10/29/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS
Joseph F. Birch Son 3034 M. St. N.W. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 2 19
BUREAU V. S.

Film#G159 Item# 5, 6 11/12/53 emp

Item# 7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - R-3; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Holly Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R-3; STREET ADDRESS (If rural, give location) Holly Grove Rd

3. NAME OF DECEASED (Type or Print): (First) Logan; (Middle) Johnson; (Last) Newman

4. DATE OF DEATH: (Month) Oct; (Day) 24; (Year) 1953

5. SEX: M

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 2-4-1894

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Eph Newman

14. MOTHER'S MAIDEN NAME: Agnes Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N W I (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Kate Ward - Rockville md R-3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J Borchart M.D. Gaithersburg Md 10-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10/28/53; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 10-27-53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10230

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK. MD 24 — LENGTH OF STAY (in this place) 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penn. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hatboro

STREET ADDRESS (If rural, give location) 201 W. Moreland Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	Jane	Obee	10	19	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	5-22-80	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife		Ireland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Purdy	Mary Dougherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocardial failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardio-vascular disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) (b) years?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
Oct. 14, 1953	Large Ovarian Cyst	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 10-11, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-19, 1953, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Paul V. Stern, M.D.	Takoma Park, Md.	10-19-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 22, 1953	Riverside Cemetery	Norristown	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 20 1953	J. Nelson Dodd	Arthur L. Talley	254 Carroll St. N.W., Takoma Park 12, D.C.

VS-A15 8-51

RECEIVED
OCT
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 2 yrs. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Sanitarium Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY V-483
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) LEE (Last) PAGE
4. DATE OF DEATH (Month) Oct (Day) 4 (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH unknown
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Byrd Page
14. MOTHER'S MAIDEN NAME Laura Lippet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260 X	Immediate cause	(a) Pneumonia	? 5 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility, (Diabetes)	? 3 years
		(c) Cerebral, ~~Ar~~ Arteriosclerosis	? 5-10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Oct 4, 1953 that I last saw the deceased alive on Oct 4, 1953 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE John P. Fort (Degree or title) M.D. ADDRESS Chestnut Lodge Sanitarium DATE SIGNED Oct 4, 1953

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 10-10-53
NAME OF CEMETERY OR CREMATORY Greenhill Cemetery
LOCATION (City, town, or county) Clarke County, (State) Va.
DATE REC'D BY LOCAL REG. 10-5-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Rockville, Md.

RECEIVED
OCT 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) DCA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr Wm A. Lindheim Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Travillah
STREET ADDRESS (If rural, give location) R.F.D. # 1 Rockville, Md.

3. NAME OF DECEASED (Type or Print) (First) Sharon (Middle) I. (Last) Painter
4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sep. 12, 1953
9. AGE last birthday yrs. If under 1 year Months Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Stanton, Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Robert Painter
14. MOTHER'S MAIDEN NAME Louise Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Robert Painter-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Congenital heart disease
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection ___ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-7-53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REG. 10-6-53
REGISTRAR'S SIGNATURE Helen J. Edenfelder per dj.
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10222

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 9515 Saybrook Ave.

3. NAME OF DECEASED: (Type or Print) (First) Curtis (Middle) Thompson (Last) Paxson

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 8-1-90
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stockroom
10b. KIND OF BUSINESS OR INDUSTRY: Woodward & Lathrop
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Heaton Paxson
14. MOTHER'S MAIDEN NAME: Mary Pan Coast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Kathleen Paxson, 9515 Saybrook Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Cancer of Head of Pancreas — Interval Between Onset And Death: 3½ mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE Simon C. Weiner (Degree or title) MD ADDRESS 100 Longfellow St NW. Wash. D.C. DATE SIGNED Oct 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 10/13/53
NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
LOCATION (City, town, or county) (State) near Purcellville, Virginia
DATE REC'D BY LOCAL REGISTRAR Oct 12 1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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OCT

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.# 3 Bethesda Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac
STREET ADDRESS (If rural, give location) R.F.D.# 3 Bethesda

3. NAME OF DECEASED (Type or Print) (First) ESTELLE (Middle) CAULFIELD (Last) PERKINS

4. DATE OF DEATH (Month) October (Day) 29, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1865 ?
9. AGE last birthday 88 ? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John P. Caulfield
14. MOTHER'S MAIDEN NAME Estelle Carusi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 1186 Peoria St. C.E. Woodruff-Denver, Colo.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive heart failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	20 years
	(c) Osteoporosis	20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 29 Oct, 1953, that I last saw the deceased alive on 28 Oct, 1953, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE W. Humphrey (Degree or title) Md ADDRESS Rockville Md DATE SIGNED 29 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-3-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 10/31/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Robert M. Humphrey ADDRESS Bethesda, Md.

RECEIVED
NOV
BUREAU V. S.

Film#G159 ItemNo.14 11/5/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (If this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Moseby
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N Chevy Chase
STREET ADDRESS (If rural, give location) 4 Hawkins Ave

3. NAME OF DECEASED (Type or Print) (First) Gus (Middle) (Last) Perry

4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-23-1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) S.C.
12. CITIZEN OF WHAT COUNTRY? MSC

13. FATHER'S NAME Tom Perry
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Violet Kenner (daughter) 4 Hawkins Ave N Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bronhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-3-53

DISPOSAL CREMATION MOVAL (Specify) Shipped DATE THEREOF 10-6-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Johnston, S.C. (State)

DATE REC'D BY LOCAL REG. 10/7/53 REGISTRAR'S SIGNATURE Bessie M. Hiemstrom 23. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6851 Eastern Ave.

3. NAME OF DECEASED: (Type or Print) (First) Estello (Middle) Randall (Last) Phillips

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 28 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Mines

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Ferry Randall

14. MOTHER'S MAIDEN NAME: Myra Mixer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles E. Phillips (son) 9010 Burning Tree Road Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
584.X Immediate cause	(a) Hepatitis & cholangiitis	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Empyema of gall bladder & Cholelithiasis	5 wks
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general, Severe Myocardial Decompensation

19a. DATE OF OPERATION: Sept 12 1953

19b. MAJOR FINDINGS OF OPERATION: Empyema of gall bladder & Cholelithiasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1953, to Oct 7, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Bluff (DEGREE OR TITLE) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 10-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE (If Known) 10/10/53 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Monty. Co. Md.

DATE REC'D BY LOCAL REG. 10-9-53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 14th St. N.W. Washington, D.C.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Montg. Co. Md. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) Olney, Md.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Wesley Franklin Posey
4. DATE OF DEATH: (Month) (Day) (Year) Oct 29 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 27, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Posey
14. MOTHER'S MAIDEN NAME: Sarah J. Boyd
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153 X
Immediate cause (a) Adenocarcinoma, ascending colon
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 11 months.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 28, 52
19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma Ascending Colon
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952, to Oct. 30, 1953, that I last saw the deceased alive on Oct. 30, 1953, and that death occurred at 10 05 pm, from the causes and on the date stated above.
SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Oct. 31, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 1, 1953
NAME OF CEMETERY OR CREMATORY Taylorsville
LOCATION (City, town, or county) Taylorsville (State)
DATE REC'D BY LOCAL REGISTRAR Nov 1-53
REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Robert L. Snoddle ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 5
BUREAU V. S

3' 216

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R-3
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cloverly

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - R-3
STREET ADDRESS (If rural, give location) Cloverly

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Oliver (Last) Powell

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 3/12/83

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Pipe

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lawrenceville, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Riley Powell

14. MOTHER'S MAIDEN NAME Mattie Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 252-22-9395

17. INFORMANT AND ADDRESS Mrs. Edward M. Becker, 4802 Broad Brooke Ct. Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial

DATE THEREOF 10/24/53

NAME OF CEMETERY OR CREMATORY West View Cemetery

LOCATION (City, town, or county) (State) Atlanta, Fulton County, Ga.

DATE REC'D BY LOCAL REG. 10/29/53

REGISTRAR'S SIGNATURE Bessie M. Hanson

24. FUNERAL DIRECTOR Warner L. Lumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10231 5/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda — LENGTH OF STAY (in this place) 14 days 5 h
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 102 West Thornapple St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edwin (Last) Priest

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-17-61

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Teaching

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Priest

14. MOTHER'S MAIDEN NAME: Mary Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna May Priest - 102 West Thornapple Chevy Chase Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause	(a) Pulmonary embolism, acute	10 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Thrombotic veins left leg	one wk.
	DUE TO (c) Advanced arteriosclerosis	one year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute congestive heart failure & bronchopneumonia	

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22 ..., 1953, to 10-8 ..., 1953, that I last saw the deceased alive on 10-8 ..., 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Aleff (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 10-8-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-12-53	Greentree	Phonexville, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/53	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

RECEIVED
OCT
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fairhaven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 6405 Florida St.

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) MULFORD (Last) RACE

4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 7, 1885
9. AGE last birthday: 68 yrs. — If under 1 year: Months 4, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oscar Mulford
14. MOTHER'S MAIDEN NAME: ? Dubois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Geo. F. Race-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status epilepticus, cause unknown — 30 min.

3572 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Has had convulsive seizures frequently for past 14 months - cause undetermined. — 14 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiplegia Sept 1952

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to Oct 15, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE: Stewart Blaffy (Degree or title) M.D. — ADDRESS: 3921 Ingomar St N.W. — DATE SIGNED: 10-15-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-19-53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: 10/17/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda — LENGTH OF STAY (in this place) 1 day 11 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 221 Prospect St.

3. NAME OF DECEASED: (Type or Print) (First) Signe (Middle) Maria (Last) Radhe

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 7 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Governess

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweeden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anton Radhe

14. MOTHER'S MAIDEN NAME: Kristina Wimmergren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James G. Radhe - 221 Prospect St - Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Respiratory Failure	6 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebro-vascular Accident	48 hrs
	DUE TO (c) Hypertension · Cardiovascular renal disease	10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17 19 53, to 10/19, 19 53, that I last saw the deceased alive on 10/18, 19 53, and that death occurred at 9:08 A.M. from the causes and on the date stated above.

SIGNATURE: Frank G. Joggers Jr. (Degree or title) M.D. — ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. — DATE SIGNED: 10/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-21-53 — NAME OF CEMETERY OR CREMATORY: Oak Hill — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 10/20/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Robert A. Dunphrey Jr. — ADDRESS: Bethesda, Md.

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2200 Michigan Ave.

3. NAME OF DECEASED (Type or Print) (First) Mr. Frank (Middle) D. (Last) Redfield
4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1953

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 24, 1923
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RIMLAPT-ALA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Willie Redfield
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1943-1946
16. SOCIAL SECURITY No. 264-20-0800
17. INFORMANT AND ADDRESS Mrs Mildred Redfield 2200 Mich. Ave. SS. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9818

Immediate cause (a) Pulmonary hemorrhage - right lung — INTERVAL BETWEEN ONSET AND DEATH 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun - shot wound shoulder (rt) & chest.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY yard
(CITY OR TOWN) Silver Spring, (COUNTY) Montg. (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 19, (Year) 1953 (Hour) p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gun - shot wound -

22. I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☑ undetermined ☐

SIGNATURE E. H. Louersfeld (Degree or title) M.D. ADDRESS Bethesda, Md Oct DATE SIGNED 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-23-53
NAME OF CEMETERY OR CREMATORY Arlington Nat.
LOCATION (City, town, or county) Arlington, Va. (State)
DATE REC'D BY LOCAL REG. 10-23-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stone House Inn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY V-11
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 31 Florida Ave. N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Reeves

4. DATE OF DEATH (Month) (Day) (Year) 10 - 18 - 1953

5. SEX Male

6. COLOR OR RACE Colored

7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday 60 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Robert Reeves

14. MOTHER'S MAIDEN NAME Carrie Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Margaret Stearns (Aunt) P.O. Box 541 Charlottesville, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION U

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.

ADDRESS Gaithersburg Md

DATE SIGNED 10-18-53

23. BURIAL CREMATION REMOVAL (Specify) Removal

DATE THEREOF 10-21-53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Charlottesville Va.

DATE REC'D BY LOCAL REG. 11-5

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10542

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville - R-1; LENGTH OF STAY (in this place): 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glen Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville R-1; STREET ADDRESS (If rural, give location): Glen Mill Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Dempsey	Rice	Oct	28	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	6-13-1912	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent	State Mutual	Kentucky	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW II	303-01-0336	Marion J. Rice- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

176X

Immediate cause (a) Hemorrhage due to bullet wound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) air Shock

(c)

INTERVAL BETWEEN ONSET AND DEATH: found dead in his auto

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	Rockville	monty	md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct 27-53- m.		self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Beerchant M.D.		Gaithersburg Md	10-28-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-2-53	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-30-53	Helen L. Eckenfelder	Robert A. Pumphrey	Bethesda, Md.

DEC
BUREAU V. S.

0186

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7210 Spruce Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7210 Spruce Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Case (Last) Rich Rich

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired West Ship Lock Co. R.R.

10b. KIND OF BUSINESS OR INDUSTRY: In V.P. Office

11. BIRTHPLACE (State or foreign country): Greensboro Eastern Shore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sally (Last Name Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Nellie T. Rich 7210 Spruce Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1953, to 10/13, 1953, that I last saw the deceased alive on 10/1, 1953, and that death occurred at 6.50 a.m., from the causes and on the date stated above.

SIGNATURE Dean H Harding MD (DEGREE OR TITLE) ADDRESS 113 Carroll St NW, Wash DC DATE SIGNED 10/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried

DATE THEREOF Oct 15 1953

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. Oct. 13 1953

REGISTRAR'S SIGNATURE J Wilson Dodd (over)

24. FUNERAL DIRECTOR Arthur Walters ADDRESS 254 Carroll St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

10/13/53

The physician talked to Dr Brochard Montgomery County coroner who stated he would appreciate.

Dean H Harding MD.

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.# 3 Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac
STREET ADDRESS (If rural give location) R.F.D. # 3 Bethesda

3. NAME OF DECEASED: (Type or Print) (First) CLAYTON (Middle) W. (Last) RICKETTS

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Mch 21, 1897

9. AGE last birthday: 56 yrs. Months 7 Days 6 — IF UNDER 1 YEAR Hours . Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Police

10b. KIND OF BUSINESS OR INDUSTRY: Montg. Co. Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William A. Ricketts

14. MOTHER'S MAIDEN NAME: Mary Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 579-05-6405

17. INFORMANT & ADDRESS: Bertha Ricketts-Item#2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardiac arrest	10 min.
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial Infarction	1 hr.
	DUE TO (c) Coronary atherosclerosis	Indef

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1953, to 10/27, 1953, that I last saw the deceased alive on 10/27, 1953, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Stephen P. Jones M.D. (Degree or title) — ADDRESS Rockville Md — DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-30-1953 — NAME OF CEMETERY OR CREMATORY Potomac Church Cem. — LOCATION (City, town, or county) Potomac, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 10-28-53 — REGISTRAR'S SIGNATURE Helen S. Estepa

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.

VS. 1A

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OCT
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 914 Grandin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 914 Grandin Ave.

3. NAME OF DECEASED (Type or Print) (First) Rosie (Middle) B. (Last) Riley
4. DATE OF DEATH (Month) Oct (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Oct. 13, 1874
9. AGE last birthday 79 yrs. If under 1 year Months 0 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Bean
14. MOTHER'S MAIDEN NAME Caroline Ricketts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Myrtle McGaha - 914 Grandin Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial failure	1 week.
2 LOX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Gastroenteritis	3 weeks.
	(c)	Diabetes mellitus	many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1953 to Oct. 17, 1953 that I last saw the deceased alive on Oct. 16, 1953 and that death occurred at 6 16 A m., from the causes and on the date stated above.

SIGNATURE Wm. A. Linthicum, (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 10/17/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 19, 1953
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) Rockville (State) Md
DATE REC'D BY LOCAL REG. 10-19-53
REGISTRAR'S SIGNATURE Helen S. Eckenrodder
24. FUNERAL DIRECTOR Robert A. Pumphrey, ADDRESS Bethesda, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 1216

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Schuyler Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 104 Schuyler Road

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) CHARLES (Last) RIVELLO

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	May 21, 1953		4	16		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert M. Rivello
14. MOTHER'S MAIDEN NAME: Marcelle O'Shaughnessy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robert M. Rivello-Item#2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

754.4
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Heart Disease
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1953 to Oct. 7, 1953, that I last saw the deceased alive on Oct. 7, 1953, and that death occurred at 12:45 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. McMartin MD — ADDRESS 9820 Dameron Dr., Silver Spring — DATE SIGNED 10/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/8/1953 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Oct 8/53 — REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert A. Humphreys — ADDRESS Bethesda, Md.

VS. A15

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RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 0 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural give location) 1203 South Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Presley (Middle) Marion (Last) Rixey
4. DATE OF DEATH: (Month) October (Day) (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: November 17 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Marine
10b. KIND OF BUSINESS OR INDUSTRY: USMC
11. BIRTHPLACE (State or foreign country): Culpeper Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Rixey
14. MOTHER'S MAIDEN NAME: Elizabeth Herndon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI - WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Portsmouth Navy Yard, SON: Presley M. Rixey: Portsmouth, New Hampshire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Valvular Heart Disease Aortic & mitral — Interval Between Onset And Death 25 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953, to Oct. 23, 1953, that I last saw the deceased alive on Oct. 3, 1953, and that death occurred at 5:11 PM, from the causes and on the date stated above.

SIGNATURE A.E. Nichols (Degree or title) ADDRESS DATE SIGNED
A.E. NICHOLS, LT MC USNR, U.S. Naval Hospital, NNMC, Bethesda, Maryland. October 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation Burial
DATE THEREOF October 27, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR October 2, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Lee Funeral Home, Ave., N.E., Washington, D.C.
ADDRESS

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda - rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
STREET ADDRESS (If rural give location): 5910 Beech Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Robertson

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 22, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Toronto, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Son: Wesley E. Robertson, same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 48 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastatic Carcinoma — 1 yr.

DUE TO

(c) Carcinoma of cervix

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1953, to Oct. 3, 1953, that I last saw the deceased alive on Oct. 3, 1953, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. C. BUSBY, LT, MC, USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Montgomery, Md. — DATE SIGNED Oct. 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: October 3, 1953 — REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR — ADDRESS: Gaschs Sons Funeral Home, Hyattsville, Md.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 East Schuyler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 509 East Schuyler Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Early	Rowley	Oct.	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	3/16/81	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- own home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank William Venable
14. MOTHER'S MAIDEN NAME: Ellen Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Esther Boyer, 509 East Schuyler Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of ovary — Interval between onset and death: 4-5 yrs

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 21 Oct, 1953, that I last saw the deceased alive on 20 Oct, 1953, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William D. Cuff MD | Silver Spring Md | 21 Oct '53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/24/53	Fort Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-53	[illegible]	Warner E. Lumpkins	8434 Ga. Ave. Silver Spring, Maryland

VS-5

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7327 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7327 Carroll Ave

3. NAME OF DECEASED: (Type or Print) (First) James. (Middle) McClung (Last) Sieg.

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH:
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Presbyterian Minister
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Highland Co. Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Sieg.
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Ruth Johnson 7327 Carroll Ave Takoma Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chr. Deg. Myocarditis with Decomp. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Severe Gen Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 1 wk

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953 to 10/2/, 1953, that I last saw the deceased alive on 10/1/, 1953, and that death occurred at 2 3 PM from the causes and on the date stated above.

SIGNATURE Howard T Moore (Degree or title) M.D. ADDRESS 7030 Carroll Ave Takoma Park Md DATE SIGNED 10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial DATE THEREOF 10-4-1953 NAME OF CEMETERY OR CREMATORY Oakwood Cemetery LOCATION (City, town, or county) Richmond (State) Va

DATE REC'D BY LOCAL REGISTRAR Oct 2-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Joseph Lawlers Sons ADDRESS 1756 Pa. Ave. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 5

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,
STREET ADDRESS (If rural give location) 8603 Hempstead - Bethesda Md

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) McCORMICK (Last) SIME

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-24-1867
9. AGE last birthday: 85. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George, McCormick.
14. MOTHER'S MAIDEN NAME: Nancy Hamilton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: R. M. Sime (son). 8603 - Hempstead Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) ACUTE MYOCARDITIS DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC MYOCARDITIS DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 13, 1953, to Oct. 17, 1953, that I last saw the deceased alive on MAY 13, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE Henry M. Lowden (Degree or title) M.D. ADDRESS 5206 Norway Pl. Chevy Chase, Md DATE SIGNED 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 10/20/53
NAME OF ~~CEMETERY OR~~ CREMATORY Cedar Hill
LOCATION (City, town, or county) Prince Geo Cty (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-19-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 - N St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9325 E. Park Hill Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
STREET ADDRESS (If rural, give location): 9325 E. Park Hill Drive

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) M. (Last) SMELSER

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Aug. 9-1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Watchman - Cemetery

10b. KIND OF BUSINESS OR INDUSTRY: Industry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Smelser

14. MOTHER'S MAIDEN NAME: Catherine Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 212-14-2723

17. INFORMANT & ADDRESS: Mrs. Alfred Wilson - Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate — Interval Between Onset And Death: months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 19, 1953 and that death occurred at 12:30 P. from the causes and on the date stated above.

SIGNATURE: Paul D Cantor — (Degree or title) MD — ADDRESS: Bethesda — DATE SIGNED: 10-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/23/53 — NAME OF CEMETERY OR CREMATORY: Hope Creek Cem. — LOCATION (City, town, or county): Carroll County — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 10/22/53 — REGISTRAR'S SIGNATURE: Bernice M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: D. O. Hartzler & Son, New Windsor, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wakefield Nursing Home 716 Hudson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
STREET ADDRESS (If rural, give location) 716 Hudson Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) EMMA Louise Smith

4. DATE OF DEATH: (Month) (Day) (Year) Oct 31 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 22, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Wash, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley D. Smith
14. MOTHER'S MAIDEN NAME: Emma L. Beech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

			Interval Between Onset and Death
Immediate cause	(a)	Chronic myocarditis	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	cardio vascular renal disease	5 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec., 1935, to Oct. 31, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE E. E. Quayle (DEGREE OR TITLE) N.D. ADDRESS 1822 Belmont St. N.W. Wash. D.C. DATE SIGNED 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF Nov 3-1953
NAME OF CEMETERY OR CREMATORY Florida Crematory
LOCATION (City, town, or county) Prince Georgetown (State) Md.
DATE REC'D BY LOCAL REG: Oct 31-1953
REGISTRAR'S SIGNATURE J. Thomas Dodd
24. FUNERAL DIRECTOR The S H Hines Co. ADDRESS 2901-14th St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV
BUREAU V. S.

Items 18&21 Film 3159 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; LENGTH OF STAY (In this place): D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural, give location): 8804 Plymouth St

3. NAME OF DECEASED (Type or Print): (First) Garrett (Middle) Edward (Last) Smith

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 19[illegible]

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-17-28

9. AGE last birthday: 25 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Dispatcher and Driver

10b. KIND OF BUSINESS OR INDUSTRY: Diamond Cab Co.

11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1945-1947

16. SOCIAL SECURITY NO. 214-28-4942

17. INFORMANT AND ADDRESS: Mrs Garrett E. Smith 8809 Plymouth St SSMd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate poisoning (Suicide)

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Franz J. Bernhard M.D. Frederick Md 10-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 28, 1953 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: Oct 29-1953 | REGISTRAR'S SIGNATURE: J. Hudson Dodd

24. FUNERAL DIRECTOR: Warner C. Pumphrey ADDRESS: Silver Spring, Md.

VS. A15A

Film#G-159 Item No. 11,12,13,14 10/27/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place) 2 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Smith

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pect Smith

14. MOTHER'S MAIDEN NAME: Laura Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cardiorenal Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suprapubic Urinary Fistula

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5 1953 to Oct 7, 1953 that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (Degree or title) M.D. ADDRESS Silver Spring DATE SIGNED 10-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Oct 10 53 NAME OF CEMETERY OR CREMATORY Good Hope LOCATION (City, town, or county) Colesville (State) Md

DATE REC'D BY LOCAL REG. 10-10-53 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Sandy

VS. A15

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 630 Blandford Ave

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) STANSILL

4. DATE OF DEATH: (Month) OCT (Day) 15 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: Oct. 15, 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 2 Min. 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS STATON STANSILL
14. MOTHER'S MAIDEN NAME: BETTY LOUISE FORREST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MOTHER - SAME AS ABOVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity (4 1/2 months gestation. 350 gms.)

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1953, to Oct 15, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 10 26 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm A. Linthicum, M.D. ADDRESS Rockville, Md. DATE SIGNED 10/16/53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10-26-53
NAME OF CEMETERY OR CREMATORY ARLINGTON NAT
LOCATION (City, town, or county) ARLINGTON (State) VIRGINIA
DATE REC'D BY LOCAL REGISTRAR 10/21/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey, ADDRESS BETHESDA, Md

2603263210

TC-39-23

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1025

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 1 day 11 h.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKVILLE
STREET ADDRESS (If rural give location) 110 S. ADAMS ST.

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) B (Last) STEINBERG

4. DATE OF DEATH: (Month) OCTOBER (Day) 3 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: JEWISH
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: 10/?/78
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING Business
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Eli STEINBERG
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joseph Steinberg - 321 Beall Ave, Rockville MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) cardio-respir. failure	5 min
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) myocardial infarction & cerebral thrombosis	36 hrs
	DUE TO (c) arteriosclerosis	Indef.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 10/3/, 1953, that I last saw the deceased alive on 10/3/, 1953, and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen N. Jones, MD
ADDRESS Rockville, Md
DATE SIGNED 10/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10/5/1953
NAME OF CEMETERY OR CREMATORY ANSHEI AMUNAN CONG. CEM.
LOCATION (City, town, or county) Wash. Blvd., (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 10/5/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Goldberg Funeral Home
ADDRESS 42.7-9th Ave West. RC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

M

1

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4620 Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4620 Rosedale Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) H (Last) Stephenson
4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-23-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME E, H. Haswell
14. MOTHER'S MAIDEN NAME Mary Rae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lloyd W. Stephenson-Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac sclerosis	?
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-16-53

23. BURIAL CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 10-19-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 10/17/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT
BUREAU V. S.

Film#G195 Item# 1 11/10/5[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 276

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda - rural Rt#3
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 1315 Rittenhouse N W

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) H (Last) SUTHERLAND

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12-31-65

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Auto Dealer

11. BIRTHPLACE (State or foreign country): Waynesboro Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Sutherland

14. MOTHER'S MAIDEN NAME: Mary Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jr. Donald Sutherland 1315 Rittenhouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442		
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) HYPERTENSIVE HEART DISEASE	20 yrs.
	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS	20-30 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28 19 53, to 10/31 19 53, that I last saw the deceased alive on 10/30 19 53 and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Rockville Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Interment

DATE THEREOF: Oct 31-1953

NAME OF CEMETERY OR CREMATORY: Rockville

LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 11-2-53

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR H. W. Reed

ADDRESS 4812 Ga Ave N.W. Wash D.C.

VS-A 8-51

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—B[redacted]

10260

CERTIFICATE OF DEATH

Reg. Dist. No. 516

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookdale-Washington
LENGTH OF STAY (in this place) 16,D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4614 Harrison Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookdale-Washington 16,D.C.
STREET ADDRESS (If rural give location) 4614 Harrison Street

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) M. (Last) SWAIN

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 23,1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-25-1866
9. AGE last birthday: 86 yrs. If under 1 year: Months 9 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Franklin King
14. MOTHER'S MAIDEN NAME: Mary J. Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: C. G. Swain-Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,19 52, to Oct. 23 ,, 19 53, that I last saw the deceased alive on Oct. 23, 19 53 and that death occurred at 8:15 P.M. from the causes and on the date stated above.

SIGNATURE: Charles P. Ryland (Degree or title) C. P. RYLAND, M.D. 4400 - 49th St., N. W. Washington 16, D.C. ADDRESS DATE SIGNED OCT 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10-27-1953 NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery LOCATION (City, town, or county) (State): Roseville, Ohio

DATE REC'D BY LOCAL REGISTRAR: 10/24/53 REGISTRAR'S SIGNATURE: [illegible] 24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 4 months 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 6313 Fairfax Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Malcolm (Last) Sweeney

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: September 5, 1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 1 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Auburn, New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dennis J. Sweeney
14. MOTHER'S MAIDEN NAME: Mary C. Cuineen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII Korean
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Harriette A. Sweeney Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 X

Immediate cause (a) Carcinoma of Rt lung & Pleura c̄ wide spread metastases — Interval Between Onset And Death: 5½ mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 19 53, to Oct. 5, 19 53, that I last saw the deceased alive on Oct. 5, 19 53, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. E. Nicholls, LT MC USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland. October 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF October 8, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR Oct. [illegible], 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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OCT 7 19[illegible]
BUREAU V. S.

262

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 3 Months 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 48
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 21st Massachusettes Avenue N.E.,

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) Milton (Last) Thomasson
4. DATE OF DEATH: (Month) October (Day) (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 10, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 3 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired USMC
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine
11. BIRTHPLACE (State or foreign country): Lexington, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Sp.Am., WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Emily M. Jahn . Same as # 2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Thrombosis, cerebral, Left Side — Interval Between Onset And Death: 99 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive, Vascular Disease — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to Oct. 26, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 3:20 PM, from the causes and on the date stated above.

SIGNATURE A.E. Marland, Jr. (Degree or title) A.E. MARLAND, Jr. LT MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED October 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF October 29, 1953
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEMETERY
LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR October 1953
REGISTRAR'S SIGNATURE Eloi Whittington

24. FUNERAL DIRECTOR Lee Funeral Home, [illegible] Ave., N.E., Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10263

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V-48
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 417 Jefferson St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Carl (Last) Tippett
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 5-12-96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sanitation Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Lee Tippett
14. MOTHER'S MAIDEN NAME: Ada Lee Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Old rec. Wash. Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary infarction	13 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary sclerosis	6 months
	DUE TO (c) Essential hypertension	12 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:1, 1953, to 10:14, 1953, that I last saw the deceased alive on 10:14, 1953, and that death occurred at 6:35 P.M. from the causes and on the date stated above.

SIGNATURE Samuel M. Bagaant M.D. (Degree or title) 5600 NH Ave. Wash. D.C. ADDRESS DATE SIGNED 10·14·53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct-19-1953
NAME OF CEMETERY OR CREMATORY Arlington Batt. Cem.
LOCATION (City, town, or county) Arlington. (State) Va.

DATE REC'D BY LOCAL REGISTRAR Oct 19-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901-14 N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10264

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5801 Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Adelaide (Last) Towt

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 1, 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio 22
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Smith Trainer
14. MOTHER'S MAIDEN NAME: Adelaide Fogle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen Towt. 167 Baltimore St. Dayton Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Generalized metastases of carcinoma of breast — Interval Between Onset And Death: 3 mos?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of breast (left) — 8 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to Oct 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 7 pm, from the causes and on the date stated above.

SIGNATURE William H. Gadol M.D. (Degree or title) ADDRESS 8016 Georgetown Rd. Beth. Md DATE SIGNED 10/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burrial
DATE THEREOF 10/27/53
NAME OF CEMETERY OR CREMATORY Elmwood Cem.
LOCATION (City, town, or county) Lancaster (State) Ohio

DATE REC'D BY LOCAL REGISTRAR 10/26/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The [illegible] Co. ADDRESS 2921-14 St. N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6712 - 45th. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 6712 - 45th. Street

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Katherine (Last) Trone

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 9-10-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Foreman
14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Rollan L. Trone - Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Cardiac Failure - Acute -	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Cardio Vascular - Disease.	20 yr.
	DUE TO (c) Arterio sclerosis - generalized.	30 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Obesity.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14, 1937, to ....., 1953, that I last saw the deceased alive on 3 Oct, 1953, and that death occurred at 7:10 AM, from the causes and on the date stated above.

SIGNATURE John G. Bell (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 16 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-19-53
NAME OF CEMETERY OR CREMATORY Burnshill Cemetery
LOCATION (City, town, or county) (State) Waynesboro, Pa.
DATE REC'D BY LOCAL REGISTRAR 10/17/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X
LENGTH OF STAY (in this place): 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District Columbia COUNTY: V-[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 35 [illegible] Street [illegible]

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Robert (Last) Tudge
4. DATE OF DEATH: (Month) October (Day) 2 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 18, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 3 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Photographer
10b. KIND OF BUSINESS OR INDUSTRY: Photography
11. BIRTHPLACE (State or foreign country): Durham County England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Tudge
14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) Sp.Am.War
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Ruth V. Tudge Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

583X

		Interval Between Onset And Death
Immediate cause	(a) HEPATIC FAILURE	4 DAYS
DUE TO		
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) HEPATITIS, VIRAL	14 DAYS
DUE TO		
	(c) MYOCARDIAL FAILURE	6 DAYS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1953, to Oct. 20, 1953, that I last saw the deceased alive on Oct. 2[illegible], 1953, and that death occurred at 4:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. R. [illegible], LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. October [illegible] 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) 1
DATE THEREOF: October 30 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: October 29 1953
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: Deal Funeral Home, 4012 Georgia Avenue, [illegible] Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6068 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6068 River Rd.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) Mary (Last) Turner

4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1953

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-1-1869
9. AGE last birthday 84 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Della Ware - 3810-10th St. N.W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

4 W.C. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-18-53
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 10/20/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (In this place) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Jones Bridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 29 Jones Bridge Rd

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) William (Last) Turner

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 2-5-70 K

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Turner

14. MOTHER'S MAIDEN NAME: Eliza Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Carrie Pratt. Kensington. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 10-21-53

BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10-24-53 NAME OF CEMETERY OR CREMATORY: Mt Zion LOCATION (City, town, or county) Mt Zion, Md (State)

DATE REC'D BY LOCAL REG. 10/26/53 REGISTRAR'S SIGNATURE: Fannie H. Thompson

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville Md

VS. A15A

REÇU
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
LENGTH OF STAY (in this place) 2 Hrs. 15 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V-48-3
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1221 45th. Place, S.E., V

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Vickers
4. DATE OF DEATH: (Month) October (Day) 19 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: October 19, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Ellis Vickers
14. MOTHER'S MAIDEN NAME: Eileen Jean Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: John E. Vickers : same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Immaturity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 95 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 19 53, to October 19, 19 53, that I last saw the deceased alive on Oct. 19, 19 53, and that death occurred at 7:20 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. [illegible], LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. October 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF October 23, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR October 20 1953
REGISTRAR'S SIGNATURE Reed Whitington
24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland.

2003141220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON, Md.
LENGTH OF STAY (in this place) 4 1/2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FAIR HAVEN REST HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
STREET ADDRESS (If rural give location) 1 CARROLL PL.

3. NAME OF DECEASED: (Type or Print) (First) EMILY (Middle) V. (Last) WATSON
4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOV 24 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 10 Days 23 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM WILAND
14. MOTHER'S MAIDEN NAME: EMILIE VON BASTENBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

219X

Immediate cause (a) BRONCHO PNEUMONIA — Interval Between Onset And Death: 10-12-53 / 10-17-53

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) UREMIA — 4 mo.

DUE TO

(c) TUMOR, LEFT KIDNEY — 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1953, to 10-17, 1953, that I last saw the deceased alive on 10-15, 1953, and that death occurred at 10-17-53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Glenn R. Rice M.D.
ADDRESS 8726 Colesville Rd. S.S. Md
DATE SIGNED 10-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/20/1953
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville Maryland
DATE REC'D BY LOCAL REGISTRAR 10/20/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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OCT 22 1953
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1027

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C. Cabin John
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6613-80 Pl. Cabin John

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 922 K NE COUNTY Wash DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) (Last) WEBER
4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 16 Aug. 77
9. AGE last birthday 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frankfort Ger.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Schneider
14. MOTHER'S MAIDEN NAME Kathrine Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. E. H. Lenoir

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X Immediate cause (a) Carcinoma Gall bladder — INTERVAL BETWEEN ONSET AND DEATH 5 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension

19a. DATE OF OPERATION 6-7-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1945, to 10/31, 1953, that I last saw the deceased alive on 10/28, 1953, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R C Kirchner MD ADDRESS 907-11th St NE Wash DC DATE SIGNED 10/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Romanelli DATE Oct 31 53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 11/2/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W.W. Deal ADDRESS 4812 Ga. ave NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1007 Highland Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1362 E. Capitol Street

3. NAME OF DECEASED: (Type or Print) (First) Puah (Middle) Catherine (Last) Whitley

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/5/92

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Albermarle, N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Efird

14. MOTHER'S MAIDEN NAME: Colon Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. James T. Burns, 1007 Highland Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X
Immediate cause (a) Carcinoma of the Cervix Uteri — Interval Between Onset And Death: 4½ years
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1948, to 10/4, 1953, that I last saw the deceased alive on 10/4, 1953, and that death occurred at 2 30 P.M., from the causes and on the date stated above.

SIGNATURE: James T. Burns (Degree or title) MD ADDRESS 915-14th St. N.W. DATE SIGNED 10/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/7/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/7/53
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
OCT 13 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) Pine View Nursing Home - River Rd.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) K. (Last) Whitman

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 25, 1863
9. AGE last birthday 90 yrs. If under 1 year Months 2 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ? Kolb
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Vernon E. Whitman - 90 Windemere Rd. Rochester, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	
902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of left hip	9 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☒
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Bethesda (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 4-53 - 6 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from chair at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 10-14-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. 10/14/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 10274

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9131 Jones Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 9131 Jones Mill Road

3. NAME OF DECEASED: (Type or Print) (First) HERMAINE (Middle) (NMI) (Last) WINKLER

4. DATE OF DEATH: (Month) October (Day) 23, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 17, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 2 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Switzerland 56

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Godfreid Thalman

14. MOTHER'S MAIDEN NAME: Barbara Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Bernhard Winkler-Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Congestive Heart Failure — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular-renal disease 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1953, to Oct. 23, 1953 that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 1:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney Shapiro M.D. 3922 Lingamore Rd NW Washington 10/23/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Cremation

DATE THEREOF 10-26-53

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/23/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Robert J. Humphrey Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

Montgomery

Chevy Chase

9131 Jones Mill Road

HERMAINE (NMI)

Female White Married

Housewife Own Home

Godfreid Thalman

No. None

Maryland Montgomery

Chevy Chase

9131 Jones Mill Road

WINKLER October 23, 53

Aug.17,1880 73 2 6

Switzerland US

Barbara Fischer

Bernhard Winkler-Item#2

Cremation 10-26-53 Cedar Hill Suitland Maryland

Bethesda, Md.

RECEIVED
OCT 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10275

CERTIFICATE OF DEATH

Reg. Dist. No. 1-23-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 mos. 26 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Tarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V-48.3
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 5234 7th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Anne (Last) Wood

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1953

5. SEX: Female **6. COLOR OR RACE:** Caucasian **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow. **8. DATE OF BIRTH:** 3-5-77 **9. AGE last birthday:** 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None **10b. KIND OF BUSINESS OR INDUSTRY:** Housewife **11. BIRTHPLACE** (State or foreign country): Virginia **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Thomas Toms. **14. MOTHER'S MAIDEN NAME:** Mary Victoria Norvell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) — **16. SOCIAL SECURITY NO.:** — **17. INFORMANT & ADDRESS:** Hospital Records.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral accident	5 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Essential hypertension	20 yrs.
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive heart disease		

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5-1 1953 to 10-24 1953, that I last saw the deceased alive on 10-23 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel M Bagan MD ADDRESS Wash. DC DATE SIGNED 10-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** Nov. 28 1953 **NAME OF CEMETERY OR CREMATORY** Ivy Hill Cem. **LOCATION** (City, town, or county) (State) Alexandria, Va.

DATE REC'D BY LOCAL REGISTRAR Dec 7 1953 **REGISTRAR'S SIGNATURE** J. Nelson Dodd

24. FUNERAL DIRECTOR Deal Funeral Home **ADDRESS** 4812 Ga Ave Wash DC

VS. A

RECEIVED
OCT 27 1953
BUREAU V. S.